

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

AMIE HOEBER FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 61438



Check if different than previously reported. (ACC)

POTOMAC

MD

20859

2. FEC IDENTIFICATION NUMBER ▼

C

C00582296

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MD

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chris Marston

Signature of Treasurer

Chris Marston

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

28

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 42

Write or Type Committee Name

**AMIE HOEBER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	23955.80	108903.80
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	23855.80	108803.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	70859.07	108633.72
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	70859.07	108633.72
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	200540.08	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	200000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**AMIE HOEBER FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

18740.80

94360.80

**(ii) Unitemized.....**

5215.00

14543.00

**(iii) TOTAL of contributions from individuals ▶**

23955.80

108903.80

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

23955.80

108903.80

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

100000.00

200000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS**

(add Lines 13(a) and (b)).....

100000.00

200000.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

370.00

370.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

124325.80

309273.80

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 42

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70859.07	108633.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	70959.07	108733.72

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	147173.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	124325.80
25. SUBTOTAL (add Line 23 and Line 24).....	271499.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70959.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200540.08

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>William Baugh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015	
Mailing Address 1064 Rustling Oaks Dr		<b>Transaction ID : SA11AI.4566</b>	
City Millersville	State MD	Zip Code 21108	Amount of Each Receipt this Period 384.62
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 884.62		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>William Baugh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015	
Mailing Address 1064 Rustling Oaks Dr		<b>Transaction ID : SA11AI.4713</b>	
City Millersville	State MD	Zip Code 21108	Amount of Each Receipt this Period 615.18 In-kind - Food/Beverages
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1499.80		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Warren Coats</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015	
Mailing Address 9128 Vendome Dr		<b>Transaction ID : SA11AI.4710</b>	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1099.80	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Charles Cromwell**

Mailing Address 5228 Baltimore Ave

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Defense Technologies Representatives**

Mailing Address 4 Green PeakCt

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Richard C Dipippo**

Mailing Address 16619 Harbour Town Drq

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Domenix Corp**

Mailing Address 4229 Lafayette Ctr Dr

City

Chantilly

State

VA

Zip Code

20151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : SA11AI.4543**

Amount of Each Receipt this Period

1000.00

IMPERMISSIBLE CONTRIBUTION - REFUNDED  
1/25/16

Full Name (Last, First, Middle Initial)

**Clifford Ehrlich**

Mailing Address 9710 Beman Woods Way

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

**Transaction ID : SA11AI.4652**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Brian Gabbard**

Mailing Address 5466 Horizon Dr

City

Malibu

State

CA

Zip Code

90265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Defense Grp Inc

Tech Mgmt

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

**Transaction ID : SA11AI.4535**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Kaspar Gallagher</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 04 / 2015		
Mailing Address 5 Lancaster Rd			<b>Transaction ID : SA11AI.4537</b>		
City	State	Zip Code			
Windham	NH	03087			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00		
Name of Employer Raytheon		Occupation engineer			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Paul Gordon</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2015		
Mailing Address 9001 Fernwood Rd			<b>Transaction ID : SA11AI.4587</b>		
City	State	Zip Code			
Bethesda	MD	20817			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2700.00		
Name of Employer Gordon Contractors		Occupation engineer			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2700.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Heather Halvorson</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2015		
Mailing Address 11 Spot Club Rd			<b>Transaction ID : SA11AI.4551</b>		
City	State	Zip Code			
Arnold	MD	21012			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00		
Name of Employer None		Occupation Retired			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3700.00		
<b>TOTAL</b> This Period (last page this line number only).....					



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Michael Harden**

Mailing Address 20352 Hawick Terrace

City

Potomac Falls

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Joanne Hildahl**

Mailing Address PO Box 18570

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Jerry Hough**

Mailing Address 5921 N 5th St

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke Univ

Occupation

professor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ryan Hur</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2015	
Mailing Address 11 Redbird		<b>Transaction ID : SA11AI.4579</b>	
City Irvine	State CA	Zip Code 92603	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Design West Technologies, Inc.	Occupation Defense		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Charles Janney</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2015	
Mailing Address 110 W Ring Factory Rd		<b>Transaction ID : SA11AI.4557</b>	
City Bel Air	State MD	Zip Code 21015	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Nancy Kelly</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address 1290 Beresford Ct		<b>Transaction ID : SA11AI.4666</b>	
City McLean	State VA	Zip Code 22101	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Bobbie Kilberg**

Mailing Address 6703 Wemberly Way

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern VA Tech Council

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		22		2015

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Terri Kocher**

Mailing Address 131 Goucher Way

City

Churchville

State

MD

Zip Code

21028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JRAD

Occupation

Analyst

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

116.00

Full Name (Last, First, Middle Initial)

**C. Edmund Libby**

Mailing Address 1125 Westbriar Ct NE

City

Vienna

State

VA

Zip Code

22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northrop Grumman

Occupation

Defense

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

866.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sam Lucas

Mailing Address 20 Rainflower Path Unit 303

City

Sparks Glencoe

State

MD

Zip Code

21152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
DOD Business Dev

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Mangino

Mailing Address 82 Scattertree Ln

City

Orchard Park

State

NY

Zip Code

14127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cubrc, Inc.Occupation  
Research and Development

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		22		2015

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Moratis

Mailing Address 433 Country Ridge Cir

City

Bel Air

State

MD

Zip Code

21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LeidosOccupation  
Executive

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4549

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Nicholas Paglia</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2015	
Mailing Address 4977 Battery Ln			<b>Transaction ID : SA11AI.4716</b>	
City	State	Zip Code		
Bethesda	MD	20814		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Self		Occupation Business Executive		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Michael Parker</b>			Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2015	
Mailing Address 101 Grand Oaks Circle			<b>Transaction ID : SA11AI.4559</b>	
City	State	Zip Code		
Abingdon	MD	21009		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer None		Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Richard Pfau</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address 529 Point Field Dr			<b>Transaction ID : SA11AI.4703</b>	
City	State	Zip Code		
Millersville	MD	21108		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Anne Arundel Dermatology		Occupation physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			750.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Timothy Regan

A.

Mailing Address 10 Twinleaf Ct

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whiting-Turner Contracting

Occupation

Building

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.4650

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Robert Reiter

B.

Mailing Address 1500 W 3rd St

City

Cleveland

State

OH

Zip Code

44113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AECOM

Occupation

manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2015

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dennis Seipp

C.

Mailing Address 1106 Duke St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AECOM

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

AMIE HOEBER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Victor Shargai

A.

Mailing Address 700 New Hampshire Ave NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		23		2015

Transaction ID : SA11AI.4643

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Stephen Simon

B.

Mailing Address 11916 Latigo Ln

City

Oakton

State

VA

Zip Code

22124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Rita Skolnick

C.

Mailing Address 828 Stonewall Ct

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1225.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 42  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**AMIE HOEBER FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lauren States</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015	
Mailing Address 16 Wilmont Ave		<b>Transaction ID : SA11AI.4569</b>	
City White Plains	State NY	Zip Code 10605	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer None	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Roger Stone</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 2613 Penny Royal Lane		<b>Transaction ID : SA11AI.4669</b>	
City Reston	State VA	Zip Code 20191	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer None	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1100.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Anne Street</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2015	
Mailing Address 3101 Waterside La		<b>Transaction ID : SA11AI.4624</b>	
City Alexandria	State VA	Zip Code 22309	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self	Occupation consultant		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 1350.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Lydia Thomas**

Mailing Address 821 Still Creek Ln

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		22		2015

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Richard R. Thomas**

Mailing Address 1675 Campbell Rd

City

Forest Hill

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Mark Tomassoni**

Mailing Address 8765 Oxxwell Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VectrusOccupation  
marketing

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Peter Wilson**

Mailing Address 4616 47th St NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rand Corp

Occupation

Analyst

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SA11Al.4595

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

18740.80

FOR LINE NUMBER:  
(check only one)

(b) (5) DPP

	11a		11b		11c		11d		
	12	X	13a		13b		14		15

NAME OF COMMITTEE (In Full)  
AMIE HOEBER FOR CONGRESS

Date of Receipt

MM / DD / YYYY

Transaction ID : SA13A.4720

Amount of Each Receipt this Period

100000.00

Loan

Name of Employer  
AMH Consulting

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Occupation  
Consultant

Election Cycle-to-Date

200000.00

---

Full Name (Last, First, Middle Initial)

**B.** \_\_\_\_\_  
Mailing Address

Date of Receipt

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

A blank 10x10 grid with a thick border on the top and left sides, and a thick border on the bottom and right sides. The grid is composed of 10 columns and 10 rows of small squares.

---

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

Date of Receipt

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee.

C
---

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

[illegible]

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

100000.00

100000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 42

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input checked="" type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	------------------------------------	--

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**City of Gaithersburg**

Mailing Address 506 S Frederick Ave

City

Gaithersburg

State

MD

Zip Code

20877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA15.4540

Amount of Each Receipt this Period

370.00

Refund of space reservation

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

370.00

370.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 10156 Perkins Rd  
Ste 217FCity State Zip Code  
Baton Rouge LA 70810Purpose of Disbursement  
CC Processing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

475.86
--------

Transaction ID : SB17.4788

**B. Arena Online**

Mailing Address 1780 W Sequoia Vista Circle

City State Zip Code  
Salt Lake City UT 84104Purpose of Disbursement  
Online Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4741

**c. Arena Online**

Mailing Address 1780 W Sequoia Vista Circle

City State Zip Code  
Salt Lake City UT 84104Purpose of Disbursement  
Online Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

Amount of Each Disbursement this Period

1021.00
---------

Transaction ID : SB17.4756

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2496.86

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Arena Online**

Mailing Address 1780 W Sequoia Vista Circle

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

City	State	Zip Code
Salt Lake City	UT	84104

Amount of Each Disbursement this Period

350.00
--------

Purpose of Disbursement  
Online ConsultingCategory/  
Type**Transaction ID : SB17.4762**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Arena Online**

Mailing Address 1780 W Sequoia Vista Circle

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

City	State	Zip Code
Salt Lake City	UT	84104

Amount of Each Disbursement this Period

1755.00
---------

Purpose of Disbursement  
Online ConsultingCategory/  
Type**Transaction ID : SB17.4766**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Arena Online**

Mailing Address 1780 W Sequoia Vista Circle

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

City	State	Zip Code
Salt Lake City	UT	84104

Amount of Each Disbursement this Period

438.00
--------

Purpose of Disbursement  
Online ConsultingCategory/  
Type**Transaction ID : SB17.4767**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2543.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. William Baugh**

Mailing Address 1064 Rustling Oaks Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Millersville	MD	21108

Amount of Each Disbursement this Period

615.18
--------

Purpose of Disbursement  
In-kind - Food/Beverages**Transaction ID : SB17.4714**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Election CFO, LLC**

Mailing Address PO Box 26141

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

City	State	Zip Code
Alexandria	VA	22313

Amount of Each Disbursement this Period

1800.00
---------

Purpose of Disbursement  
compliance consulting**Transaction ID : SB17.4760**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Election CFO, LLC**

Mailing Address PO Box 26141

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
Alexandria	VA	22313

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
compliance consulting**Transaction ID : SB17.4783**

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3015.18

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mark Epstein**

Mailing Address 9209 Fox Meadow La

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2015

City	State	Zip Code
Potomac	MD	20854

Amount of Each Disbursement this Period

333.89
--------

Purpose of Disbursement  
Reimbursement (Vendors Below Itemization Threshold)Category/  
Type**Transaction ID : SB17.4784**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Elizabeth Groover**

Mailing Address 230 S Gregg Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

City	State	Zip Code
Columbia	SC	29205

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Campaign ConsultingCategory/  
Type**Transaction ID : SB17.4721**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Elizabeth Groover**

Mailing Address 230 S Gregg Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

City	State	Zip Code
Columbia	SC	29205

Amount of Each Disbursement this Period

823.63
--------

Purpose of Disbursement  
Reimbursement (See Below)Category/  
Type**Transaction ID : SB17.4734**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6157.52



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Travelocity**

Mailing Address 3150 Sabre Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

386.20
--------

Transaction ID : SB17.4734.0

**[MEMO ITEM]**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Travelocity**

Mailing Address 3150 Sabre Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2015

City	State	Zip Code
Southlake	TX	76092

Purpose of Disbursement  
Travel

Amount of Each Disbursement this Period

235.36
--------

Transaction ID : SB17.4734.2

**[MEMO ITEM]**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Elizabeth Groover**

Mailing Address 230 S Gregg Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

City	State	Zip Code
Columbia	SC	29205

Purpose of Disbursement  
Reimbursement (Vendors Below Itemization Threshold)

Amount of Each Disbursement this Period

255.54
--------

Transaction ID : SB17.4743

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

255.54

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Groover**

Mailing Address 230 S Gregg Street

City	State	Zip Code
Columbia	SC	29205

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.4748

**B. Elizabeth Groover**

Mailing Address 230 S Gregg Street

City	State	Zip Code
Columbia	SC	29205

Purpose of Disbursement  
Reimbursement (Vendors Below Itemization Threshold)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

Amount of Each Disbursement this Period

73.27
-------

Transaction ID : SB17.4763

**c. Elizabeth Groover**

Mailing Address 230 S Gregg Street

City	State	Zip Code
Columbia	SC	29205

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.4765

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10073.27

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Guptill Photography**

Mailing Address 3925 Winchester La

City	State	Zip Code
Bowie	MD	20715

Purpose of Disbursement  
Photography

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17.4780

**B. Hinckley Corp**

Mailing Address 4505A Grace St

City	State	Zip Code
Richmond	VA	23230

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4736

**c. Hinckley Corp**

Mailing Address 4505A Grace St

City	State	Zip Code
Richmond	VA	23230

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4752

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5600.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMIE HOEBER**

Mailing Address 9209 FOX MEADOW LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

City	State	Zip Code
POTOMAC	MD	20854

Amount of Each Disbursement this Period

332.23
--------

Purpose of Disbursement  
Reimbursement (See Below)Category/  
Type

Transaction ID : SB17.4739

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MD District: 06

Full Name (Last, First, Middle Initial)

**B. Barley and Hops Grill**

Mailing Address 5473 Urbana Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

City	State	Zip Code
Frederick	MD	21704

Amount of Each Disbursement this Period

332.23
--------

Purpose of Disbursement  
Food/BeveragesCategory/  
Type

Transaction ID : SB17.4739.0

[MEMO ITEM]

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. AMIE HOEBER**

Mailing Address 9209 FOX MEADOW LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2015

City	State	Zip Code
POTOMAC	MD	20854

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Reimbursement (See Below)Category/  
Type

Transaction ID : SB17.4749

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: MD District: 06

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

632.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Montgomery County GOP**

Mailing Address 15833 Crabbs Branch Way

City	State	Zip Code
Rockville	MD	20855

Purpose of Disbursement  
Advertising - Event Program

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4749.0

**[MEMO ITEM]****B. AMIE HOEBER**

Mailing Address 9209 FOX MEADOW LN

City	State	Zip Code
POTOMAC	MD	20854

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: MD

District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

Amount of Each Disbursement this Period

242.23
--------

Transaction ID : SB17.4761

**c. U-Haul**Mailing Address 330 N Stonestreet Ave  
Ste U

City	State	Zip Code
Rockville	MD	20850

Purpose of Disbursement  
Rental

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

Amount of Each Disbursement this Period

242.23
--------

Transaction ID : SB17.4761.0

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

242.23
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMIE HOEBER**

Mailing Address 9209 FOX MEADOW LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

City	State	Zip Code
POTOMAC	MD	20854

Amount of Each Disbursement this Period

336.03
--------

Purpose of Disbursement  
Reimbursement (See Below)Category/  
Type**Transaction ID : SB17.4770**

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: MD District: 06

Full Name (Last, First, Middle Initial)

**B. Dan's Restaurant and Taphouse**

Mailing Address 3 S Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2015

City	State	Zip Code
Boonsboro	MD	21713

Amount of Each Disbursement this Period

336.03
--------

Purpose of Disbursement  
Food/BeverageCategory/  
Type**Transaction ID : SB17.4770.0****[MEMO ITEM]**

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Full Name (Last, First, Middle Initial)

**C. Mark Hoeber**

Mailing Address 17 Permberton St#5

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

City	State	Zip Code
Cambridge	MA	02140

Amount of Each Disbursement this Period

469.70
--------

Purpose of Disbursement  
Reimbursement (See Below)Category/  
Type**Transaction ID : SB17.4857**

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

805.73

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Actualize Studio**

Mailing Address 3909 Spruell Dr

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Amount of Each Disbursement this Period

387.00
--------

Transaction ID : SB17.4857.0

**[MEMO ITEM]****B. Mark Hoeber**

Mailing Address 17 Permberton St#5

City	State	Zip Code
Cambridge	MA	02140

Purpose of Disbursement  
Reimbursement (Vendor Below Itemization Threshold)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.4755

**c. Mark Hoeber**

Mailing Address 17 Permberton St#5

City	State	Zip Code
Cambridge	MA	02140

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

Amount of Each Disbursement this Period

500.94
--------

Transaction ID : SB17.4764

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

545.94

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Actualize Studio**

Mailing Address 3909 Spruell Dr

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2015

Amount of Each Disbursement this Period

387.00
--------

Transaction ID : SB17.4764.0

**[MEMO ITEM]****B. Mark Hoeber**

Mailing Address 17 Permberton St#5

City	State	Zip Code
Cambridge	MA	02140

Purpose of Disbursement  
Reimbursement (Vendors Below Itemization Threshold)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2015

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.4774

**c. Mark Hoeber**

Mailing Address 17 Permberton St#5

City	State	Zip Code
Cambridge	MA	02140

Purpose of Disbursement  
Reimbursement (See Below)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

505.11
--------

Transaction ID : SB17.4781

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.11



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Actualize Studio**

Mailing Address 3909 Spruell Dr

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 14 / 2015

Amount of Each Disbursement this Period

387.00
--------

Transaction ID : SB17.4781.4

**[MEMO ITEM]****B. MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE**

Mailing Address P.O. BOX 631

City	State	Zip Code
ANNAPOLIS	MD	21404

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2015

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4730

**c. Mario Portillo**

Mailing Address 8502 Fingerboard Rd

City	State	Zip Code
Frederick	MD	21704

Purpose of Disbursement  
Advertising - Outdoor

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2015

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17.4747

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Prevail Strategies**

Mailing Address 400 First St SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Lapel Sickers

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

286.87
--------

Transaction ID : SB17.4732

**B. Prevail Strategies**

Mailing Address 400 First St SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Rally Signs

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

6067.20
---------

Transaction ID : SB17.4733

**C. Prevail Strategies**

Mailing Address 400 First St SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Palm Cards

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

585.49
--------

Transaction ID : SB17.4742

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6939.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Prevail Strategies**

Mailing Address 400 First St SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

471.96
--------

Transaction ID : SB17.4745

**B. Prevail Strategies**

Mailing Address 400 First St SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

6039.16
---------

Transaction ID : SB17.4753

**C. Prevail Strategies**

Mailing Address 400 First St SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

6018.00
---------

Transaction ID : SB17.4778

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12529.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ScottE Software Development**

Mailing Address 8630-M Guilford Rd#119

City	State	Zip Code
Columbia	MD	21046

Purpose of Disbursement  
Online Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 12 / 2015

Amount of Each Disbursement this Period

450.00
--------

Transaction ID : SB17.4769

**B. ScottE Software Development**

Mailing Address 8630-M Guilford Rd#119

City	State	Zip Code
Columbia	MD	21046

Purpose of Disbursement  
Online Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2015

Amount of Each Disbursement this Period

900.00
--------

Transaction ID : SB17.4782

**c. The Wicklein Group**

Mailing Address 5805 Clearspring Rd

City	State	Zip Code
Baltimore	MD	21212

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 14 / 2015

Amount of Each Disbursement this Period

1425.00
---------

Transaction ID : SB17.4726

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2775.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Thomas Graphics**

Mailing Address PO Box 142226

City	State	Zip Code
Austin	TX	78714

Purpose of Disbursement  
Direct Mail Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2015

Amount of Each Disbursement this Period

1506.71
---------

Transaction ID : SB17.4758

**B. Wilson Grand Communications**

Mailing Address 429 N Saint Asaph St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.4722

**c. Wilson Grand Communications**

Mailing Address 429 N Saint Asaph St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2015

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.4731

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8006.71

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wilson Grand Communications**

Mailing Address 429 N Saint Asaph St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4744

**B. Wilson Grand Communications**

Mailing Address 429 N Saint Asaph St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4772

**C. Wilson Grand Communications**

Mailing Address 429 N Saint Asaph St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4777

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Andrew Wyatt**

Mailing Address 14507 Anchor Ln

City	State	Zip Code
Boys	MD	20841

Purpose of Disbursement  
Campaign Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2015

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.4754

**B. Andrew Wyatt**

Mailing Address 14507 Anchor Ln

City	State	Zip Code
Boys	MD	20841

Purpose of Disbursement  
Research Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2015

Amount of Each Disbursement this Period

84.00
-------

Transaction ID : SB17.4771

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

204.00
--------

70372.00
----------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 40 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

AMIE HOEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

AMIE HOEBER

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9209 FOX MEADOW LN

City

State

ZIP Code

POTOMAC

MD

20854

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
08 / 29 / 2015

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 41 OF 42

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4720

AMIE HOEBER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

AMIE HOEBER

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9209 FOX MEADOW LN

City

State

ZIP Code

POTOMAC

MD

20854

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M 12 / D 31 / Y 2015

Date Due

M / D / Y On Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

200000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 OF 42

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**AMIE HOEBER FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Mark Hoeber**

Nature of Debt (Purpose):

Non-Travel Advance

Mailing Address 17 Permberton St#5

City State

Zip Code

Cambridge

MA

02140

Outstanding Balance Beginning This Period

469.70

Transaction ID : SD10.4484

Amount Incurred This Period

0.00

Payment This Period

469.70

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶